	DATEN		Application or Docket Number										
	PATEN	10 7 66649											
	•	SM		ENTITY	Ò		R THAN L ENTITY						
Ľ	TOTAL CLAIM	IS ·	10			•	F	ATE	FEE	٦Ŭ	RATE	FEE	┥.
F	OR		MUME	A FILED	NOUM	NUMBER EXTRA		SIC FE	+	┧_	20000	+	-
Ŀ	OTAL CHARG	EABLE CLAIMS	34.	ninus 20=	. /	4	 ,	XS 9=		\exists	-	250	•
6	DEPENDENT	CLAIMS	1	minus 3 =	•	/	,	43=	 	-Jos	You	1000	\dashv
Ľ	ULTIPLE DEPI	ENDENT CLAIM P	ESENT							OF	` 	+-	4
•	If the difference	ce in column 1 is	<u> </u>	145±	 	OF		1217	4				
	9/20	•			٠,٠		R THAN	4					
_	1104	(Calumn 1)	(Column 2) (Column 3			(Calumn 3)	SI	IALL	ENGITY	OA	SMALL	ENTITY	_}
ENDMENT A		REMARKING AFTER AMENDMENT		PREVIO	ERI USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL	.]	RATE	ADDI- TIONAL FEE	•
3	Total	.34	Minus	- 3		-	X	9=	1	OR	X\$18=	1	1
F	arcebe rep r	- 01		-3.			X43=	3=		X86=	1.1	1	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_	+	POR	-	 	1
								IS=		OR	+290+		1
_		ADDIT	PEE		OR	ADDIT, FEE	1	4					
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,]
ENT O		REMAINING AFTER AMENDMENT		PREVIOU	ISLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL		RATE	ADĎI- TIONAL	۱,
AMENDMENT	Total	· < 2	NEWS /	PAID FO	<u> </u>		xs	<u>.</u>	FEE		X\$18=	FEE	ľ
ME	Incependent	. ()/4	and C	fred Com		•			· /	OR	X86=	-/	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\dashv	/	OR	A004	-/	ł
		+14	S= TAE	N'.	OR	+290=	/.						
		•	ADDIT.		4	OR ,	NOOTE FEE						
	`	(Cotumn 1)		(Column		(Column 3)					_		ļ
		REMAINING AFTER AMENDMENT		PREVIOUS PAID FO	R	PRESENT EXTRA	RAT	E	ADDI- TONAL FEE	M	RATE	HONAL ADDI-	
AMENDME	Tótal ·		enus _	~ ()		•	X\$ 9	_	7	OR	X\$19.	FEE	
₹	Independent		the L			•	X43	_	-/-	-	X86=	-/	
	PIRST PRESE	T PRESENTATION OF MULTIPLE DEPENDENT CLAIM					 	+	-/	OR	^~~	-/-	
* If the entry in column 1 is tess than the entry in column 2, write 'U' in column 3.													
-	the Wighted New	ider Previously Paid Ider Previously Paid	For IN THE	SPACE is les	S then	50' eutet .50'.	ADDIT. %	EE L	ســــــــــــــــــــــــــــــــــــــ		TOTAL DOIT. FEE		-
77	te "Highest Num	ber Previously Paid F	o. Uppe o.	independent)	is the h	ighest eumber to	und in ga	appre	the pas	n colu	mn 1,		

32/

FORM PTO-873 (New 1000)